



PTO/SB/05 (4/98)

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. 1340-1-016 N First Inventor or Application Identifier Rodger Novak Antibiotics and Methods of Using

EL351101205US

Express Mail Label No. Only for new nonprovisional applications under 37 C.F.R. § 1.53(b),

	PPLICATION ELEMENTS apter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231						
1. X * F (Si	paper 600 concerning utility patent application contents. The er Transmittal Form (e.g., PTO/SB/17) Submit an original and a duplicate for fee processing) Total Pages Tot	Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. X Computer Readable Copy b. X Paper Copy (identical to computer copy) c. X Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) 9. English Translation Document (if applicable) 10. Information Disclosure Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Statement(s) Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. (d) 15. Other:						
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
	17. CORRESPOND	ENCE ADDRESS						
☐ Customer Number or Bar Code Label or ☐ Correspondence address below (Insert Customer No. or Attach bar code label here)								
Name	Klauber & Jackson							
Address	_411 Hackensack Avenue							
City	Hackensack State	New Jersey Zip Code 07601						
Country	USA Telephone	201-487-5800 Fax 201-343-1684						
Name (PrinvType) Michael D. Davis Registration No. (Attomey/Agent) 39,161								
	Signature CD, A. O. D. C. ' Date May 5, 1999							

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PTO/SB/17 (2/98)
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FEE	TR	AN:	SMI	ITT	AL
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Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

(\$)

TOTAL AMOUNT OF PAYMENT

spond to a concollent or init	ormation amode it displays a valid ONIB control number.				
Complete if Known					
Application Number	Unassigned				
Filing Date	May 5, 1999				
First Named Inventor	Rodger Novak				
Examiner Name	Unassigned				
Group / Art Unit	Unassigned				
Attorney Docket No.	1340-1-016 N				

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	Large Entity Small Entity					
Deposit		Code (\$)	Fee D	escription	Fee Paid	
Account Number 11-1153	105 130 20	205 65	Surcharge - late fil	ling fee or oath		
Deposit Account Klauber & Jackson	127 50 23	27 25	Surcharge - late po	rovisional filing fee or		
Name Charge the Issue Fee Set in	139 130 13	39 130	Non-English speci	ification		
Fee Required Under 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance	147 2,520 14	47 2,520	For filing a reques	t for reexamination		
	112 920* 1	112 920*	Requesting publication of SIR prior to Examiner action			
2. Payment Enclosed: Check Money Other	113 1,840* 1	113 1,840*	Requesting public Examiner action	ation of SIR after		
	115 110 2 ⁻	15 55	Extension for reply	y within first month		
FEE CALCULATION	116 400 2 ⁻	16 200	Extension for reply	y within second month		
1. BASIC FILING FEE	117 950 2°	17 475	Extension for reply	y within third month		
Large Entity Small Entity	118 1,510 2°	18 755	Extension for reply	y within fourth month		
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	128 2,060 22	28 1,030	Extension for reply	y within fifth month		
101 790 201 395 Utility filing fee 760.	119 310 2	19 155	Notice of Appeal			
106 330 206 165 Design filing fee		20 155	Filing a brief in su	pport of an appeal		
107 540 207 270 Plant filing fee		21 135	Request for oral h	earing		
108 790 208 395 Reissue filing fee	138 1,510 13		Petition to institute	e a public use proceeding		
114 150 214 75 Provisional filing fee		40 55	Petition to revive -	unavoidable		
SUBTOTAL (1) (\$) 0.00	141 1,320 24		Petition to revive -	unintentional		
2. EXTRA CLAIM FEES	142 1,320 24		Utility issue fee (or reissue)			
Fee from		43 225	Design issue fee		 	
Extra Claims below Fee Paid Total Claims 67 -20** = 47 x 18. = 0.00	144 670 24	44 335	Plant issue fee		 	
Independent 10 - 3** = 16 x 78 - 0.00	1	22 130	Petitions to the Co	ommissioner		
Claims 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	123 50 12	23 50	Petitions related to	provisional applications		
**or number previously paid, if greater; For Reissues, see below		26 240		ormation Disclosure Stmt		
Large Entity Small Entity	581 40 58	81 40				
Fee Fee Fee Fee Description Code (\$) Code (\$)		0,		atent assignment per imber of properties)		
103 22 203 11 Claims in excess of 20	146 790 24	46 395		n after final rejection		
102 82 202 41 Independent claims in excess of 3	149 790 24	49 395	(37 CFR 1.129(a))			
104 270 204 135 Multiple dependent claim, if not paid	145 150 2-	49 353	For each additional examined (37 CFF		1	
109 82 209 41 ** Reissue independent claims over original patent	Other fee (speci	ify)				
110 22 210 11 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)					
SUBTOTAL (2) (\$) 0.00	Reduced by Ba	asic Filing f	Fee Paid SI	UBTOTAL (3) (\$)	0.00	
SUBMITTED BY				Complete (if applic	rahle)	
Typed or						
Printed Name Michael D. Davis		 -			,161	
Signature Michael D. Daura		Date	05/05/99	Deposit Account		